

**Proposal Cover Sheet**

**COVER SHEET INSTRUCTIONS**

The Heising-Simons Action Fund is excited to invite your organization to submit a proposal. Completing the cover sheet is the first required step in submitting a proposal.

* All fields in the organization information section are required. The Action Fund asks for this information to identify the legal entity to receive and be responsible for the grant and to report on our tax documents.
* If your project is fiscally sponsored, please complete the Fiscal Sponsor Cover Sheet.
* Primary contact, Signatory, and Payment contacts may be the same contact. The payment contact is required to have a phone number and email.
* The primary contact will have access to the grantee portal to submit proposal and reporting documents. Any additional contacts that will need access to the portal can be indicated with the corresponding check box. The Action Fund recommends inviting no more than 2-3 contacts onto the portal.
* If a contact has the same address as the organization, you may leave the address field blank.
* If your organization requires additional signatures on your grant agreement, please indicate the contact names, email, and phone numbers in the other contacts section.

**PROPOSAL PROCESS**

1. Complete the Proposal Cover Sheet and email it to your program contacts.
2. Your program contacts will send an email giving you access to our grantee portal (if not granted already) along with proposal guidelines based on the information provided in the Proposal Cover Sheet.
3. Submit your proposal by the requested due date.
4. Your program contacts will follow up with you with any additional questions and provide an estimated timeline of notification of approval.

If at any time you have questions about your proposal, please don’t hesitate to reach out to your program contacts.

**GRANTEE ORGANIZATION INFORMATION**

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| --- | --- |
| Organization or Committee Legal Name | Click or tap here to enter text. |
| EIN (and if applicable, Committee ID#) | Click or tap here to enter text. | Website | Click or tap here to enter text. |
| Annual Budget (FY/$) | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

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| **GRANTEE ORGANIZATION TYPE AND STRUCTURE** |
| Please choose one. If your organization qualifies as more than one entity type, please choose the tax status for the entity you would like to receive the Action Fund contribution. The Action Fund does not make contributions to PACs or Super PACs.**Tax Status Type:**[ ] 501(c)(4) [ ] 501(c)(3) [ ] LLC [ ] 501(c)(6) [ ] 527 [ ] Other, please specify: Click or tap here to enter text.**Ballot Committee Type** (*please**attach registration forms and confirmation from your jurisdiction of registration)*:[ ] State: Click or tap here to enter text.[ ] County: Click or tap here to enter text.[ ] Local: Click or tap here to enter text. |

**REQUEST INFORMATION**

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| --- | --- | --- | --- |
| **General Support?** | [ ]  | **Amount Requested:** | Click or tap here to enter text. |
| **Project Support?** | [ ]  | **Proposed Start Date:** | Click or tap here to enter text. |
|  |  | **Proposed End Date:** | Click or tap here to enter text. |

**CONTACT INFORMATION**

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| **PrimaryContact***Must work for the grantee organization, receives correspondence, handles grant reporting and monitoring, and will have access to the request on the portal.* |
| Name: Click or tap here to enter text.Title: Click or tap here to enter text.Email: Click or tap here to enter text.Phone: Click or tap here to enter text. |

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| **Signatory(REQUIRED) – Portal Access?** [ ] *Contact authorized to sign grant agreement. Executive Director or other Signatory authority. The grant agreement is sent via DocuSign, and the primary and payment contacts are copied.* |
| Name: Click or tap here to enter text.Title: Click or tap here to enter text.Email: Click or tap here to enter text.Phone: Click or tap here to enter text. |

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| **Payment(REQUIRED) – Portal Access?** [ ] *Contact or electronic payment. Payment information form will* ***only*** *be sent to this contact via DocuSign.* |
| Name: Click or tap here to enter text.Title: Click or tap here to enter text.Email: Click or tap here to enter text.Phone: Click or tap here to enter text. |

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| **OtherContact***If applicable, may include the Project Lead or other grant-related contacts, such as consultants or a development officer.* |
| Name: Click or tap here to enter text.Title: Click or tap here to enter text.Email: Click or tap here to enter text.Phone: Click or tap here to enter text. |